



This is an official  
**DHEC Health Advisory**

Distributed via Health Alert Network  
January 15, 2014, 6:30PM  
10312-DHA-01-15-2014-TB

## **Infectious Mycobacterium Tuberculosis (TB) in a Stratford High School Student**

### **Summary**

On January 13, 2014 DHEC became aware of a Berkeley County Stratford High School student with a suspected TB infection. Tests performed by the DHEC Bureau of Laboratories on January 15, 2014 have confirmed the diagnosis of TB in this individual.

Currently, DHEC is performing a comprehensive contact investigation to identify and test other persons who may have been exposed to the infected individual.

### **Guidance for Clinicians**

While DHEC is actively providing testing for persons exposed to this individual, it is possible that a patient may present to your facility with concerns related to this situation. Therefore, this HAN is being sent to alert clinicians to this case and to provide information regarding TB symptoms and testing and reporting requirements to DHEC.

Clinicians are advised to consider tuberculosis in anyone that presents with symptoms of TB including cough lasting 3 weeks or longer, chest pain, coughing up blood or sputum, fatigue, weight loss, loss of appetite, chills, fever, and night sweats.

### **Who should get tested for TB**

- Persons with ongoing or prolonged contact to someone who has infectious TB
- Persons with HIV infection or other immunosuppressive conditions
- Persons with symptoms consistent with TB infection
- Persons from a country with a high incidence of TB (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe and Russia)
- U.S. residents who live or work in an area where TB disease is more common (e.g. homeless shelters, prisons)
- Persons with illegal drug use

### **Diagnostic testing for TB**

- Interferon gamma release assays (IGRAs) are blood assays now available to test for TB infection.
- IGRAs can be used in place of (but not in addition to) TST in all situations in which CDC recommends TST as an aid in diagnosing M. tuberculosis infection.
- Populations in which IGRAs are preferred for testing:
  - ✓ Persons who have received BCG (either as a vaccine or for cancer therapy); and
  - ✓ Persons from groups that historically have poor rates of return for TST reading.
  - ✓ TST is preferred over IGRAs for testing children less than 5 years of age.

- As with TSTs, IGRAs generally should not be used for testing persons who have a low risk of infection and a low risk of disease due to *M. tuberculosis*.
- Mantoux or tuberculin skin test (TST) is the routine screening test for TB. Criteria for determining a positive TST are based on the risk category of the patient as outlined in the following **CDC Guidelines for TST Interpretation of Latent TB Infection:**

#### **Reaction > 5 mm of Induration**

- Human immunodeficiency virus (HIV) positive persons
- Recent contacts of cases with active pulmonary or upper airway tuberculosis (TB)
- Fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients (receiving the equivalent of > 15mg/d of prednisone for 1 month or more)

#### **Reaction > 10 mm of Induration**

- Recent immigrants (i.e., within the last 5 years) from high TB prevalence countries
- Injection drug users
- Residents and employees of the following high risk congregate settings: prisons and jails, nursing homes and other long term care facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome(AIDS), and homeless shelters
- Mycobacteriology laboratory personnel
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, cancer, weight loss of > 10% of ideal body weight, gastrectomy, and jejunioileal bypass.
- Children younger than 5 years of age (< 5)
- Children and adolescents exposed to adults at high-risk for TB

#### **Reactions > 15 mm of Induration**

- Persons with no risk factors for TB

Clinicians are encouraged to contact DHEC for any questions about the interpretation of TST results.

#### **Reporting of Cases**

- DHEC is requesting that clinicians report all patients that are screened for TB at their facility in relation to this situation to allow DHEC to track any potentially positive contacts. These cases should be reported to the Lowcountry Regional Medical Director, Dr. Kathryn Arden, at 843-834-5710.
- As required by law, all cases of suspect and confirmed tuberculosis (TB) are reportable to DHEC. A suspect case of TB is a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB.